Fill			
	in this information to ident	ify your case:	
Unit	ed States Bankruptcy Court	for the:	
WE:	STERN DISTRICT OF WAS		
Cas	e number (if known)	Chapter	
			☐ Check if this an amended filing
VC f mo	re space is needed, attach	on for Non-Individuals Final separate sheet to this form. On the top of any a te document, Instructions for Bankruptcy Forms	additional pages, write the debtor's name and case number (if know
1.	Debtor's name	Eagle Harbor Holdings, LLC	
2.	All other names debtor used in the last 8 years		
	Include any assumed names, trade names and doing business as names		
3.	Debtor's federal Employer Identification Number (EIN)	27-1511516	
4.	Debtor's address	Principal place of business	Mailing address, if different from principal place of business
		175 Parfitt Way SW, Suite S-140 Bainbridge Island, WA 98110	
		Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code
		Kitsap County	Location of principal assets, if different from principal place of business
			Number, Street, City, State & ZIP Code

☐ Partnership (excluding LLP)

☐ Other. Specify:

Type of debtor

page 1

■ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Case number (if known)

Debtor

Eagle Harbor Holdings, LLC

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Official Form 201 Voluntary Petition for Non-Individuals Filing for Bankruptcy
Case 17-10722-CMA Doc 1 Filed 02/20/17 Ent. 02/20/17 10:22:06 Pg. 3 of 4

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Eagle Harbor Holdings, LLC

Case number (if known)

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Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Email address

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is trued and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 17, 2017

MM / DD / YYYY

Signature of authorized representative of debtor

Samuel S. Hemingway

Printed name

Title Chief Financial Officer

18.	Signature	of	attorney	,
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Date **February 17, 2017**

mborde@williamskastner.com

MM / DD / YYYY

Signature of attorney for debtor

Manish Borde

Printed name

Williams Kastner

Firm name

601 Union Street, Suite 4100 Seattle, WA 98101-2380

Number, Street, City, State & ZIP Code

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M/a a h in ata a

206-628-2434

39506 Washington

Bar number and State

Contact phone

Official Form 201